



'LTA CARES' FUND NOTES AND INSTRUCTIONS FOR APPLICATION

NOTES TO APPLICANT (Please retain this page for your information)

The **'LTA Cares' Fund** aims to help working adults and students with physical disabilities from low-income families who are dependent on taxi to commute to work in open employment or to mainstream schools.

Application Process (New application)

1. Application form (which includes the Medical Report) must be duly completed. Completed forms may be mailed, emailed or faxed to :

Mailing Address : **Centre For Enabled Living**
No 7 Maxwell Road #05-08
Annexe B MND Complex
Singapore 069111
Email : schemes@cel.sg
Fax : (65) 6226 2366
2. The following supporting documents (where applicable) must be submitted together with the completed Application form :
 - a) Photocopy of NRIC (front and back) / BC of Applicant
 - b) Employer's Verification Form (Form A) **or**
 - c) Student Status Verification Form (Form B)
 - d) Copy of Applicant's latest payslip (not applicable for Applicant who is a student)
 - e) Copies of family members' latest payslips or Income declaration form (Form C) if pay slip is not available
 - Income declaration form (FORM C) is required for all household members who are unemployed and are not students
3. The Centre for Enabled Living (CEL) reserves the right to reject any incomplete applications and applications without the necessary supporting documents.
4. The processing time is about **15 working days**, provided all relevant documents are duly submitted.
5. All enquiries may be made at +1800 8585 885.

Annual Review

Approved cases that have been on the Fund for more 6 months are reviewed on an annual basis, in December each year. Beneficiaries will be notified by letter of the review in November.

Beneficiaries will be required to **resubmit** their application (with all supporting documents as in point #2 above). Medical Report is not required to be submitted for the review.

All forms have to be returned **within 3 weeks** from the date of the notification letter, regardless of whether there is any change to the family income or other information. Non or incomplete submission will result in disbursements being withheld from January until the documents are completed.



**'LTA CARES' FUND APPLICATION FORM
(FOR WORKING ADULTS AND MAINSTREAM STUDENTS)**

1) APPLICATION TYPE (Please select)

Working adult
 Mainstream student
 New Application
 Annual Review

2) PARTICULARS OF APPLICANT (PERSON WITH PHYSICAL DISABILITIES)

Name: _____ (Mr / Ms/ Mdm) Identification No : _____

Date of Birth: _____ Age: _____ Citizenship: Singaporean Permanent Resident

Race: _____ Local Tel No : _____ (H) _____ (O) _____ (HP)

Email : _____

Address :

Blk/House No Unit No Street Name Postal Code

Housing Type : HDB (____-Room) / Private / Others : _____ Home ownership : Rental /Purchased/ Not Applicable

Are you currently receiving other form of transportation services provided by NCSS or its member VWO? Yes No

If yes, please state the name of the VWO (s) : _____

3) BANK ACCOUNT INFORMATION (to receive the reimbursement)

Bank Name: _____ Account No: _____

Account Name : _____

4) PARTICULARS OF PARENT/GUARDIAN (applicable for student applicants only)

Name: _____ (Mr / Ms / Mdm) Identification No: _____

Relationship to Applicant : _____ Citizenship: Singaporean Permanent Resident

Local Tel No: _____ (O) _____ (HP) Email : _____

Address (if different from Applicant) :

Blk/House No. Unit No. Street Name Postal Code

5) EMPLOYMENT / SCHOOL INFORMATION

Employment Information (for working adult)

Name of Company : _____

Address : _____

Occupation : _____

Nett salary : _____

School Information (for mainstream student)

Name of School : _____

Address : _____

Level : Primary Secondary
 Pre-Univ / ITE Polytechnic / University
 Others _____

(please specify)

6) FAMILY AND FINANCIAL INFORMATION

Name	Sex	Age	Relationship to Applicant	Occupation	Monthly Nett Income
			APPLICANT		
Total Monthly Nett Household Income :					
Other Income (Please specify—rental, support from relatives, friends, welfare organisation, others) :					
Total Monthly Nett Household Income (Including Other Income) :					

Notes :

- 1) Household Members refer to family members living in the **same** household as the Applicant (Person with disability).
- 2) Nett Monthly Income is defined as income **after** deduction for CPF contribution. Information given under this section must be supported by relevant documents (eg salary slips, CPF statements etc).
- 3) "Income Declaration Form" or Form C is to be submitted for Applicant and/or any household members (except those who are students) if salary slips are not available or who are unemployed.

7) DECLARATION BY APPLICANT OR PARENT / GUARDIAN OF APPLICANT

I declare the information and statements provided above are true and to the best of my knowledge. I declare that I do not own any vehicle and *** I am / my child / ward** is not using any other form of transportation services provided by the National Council of Social Service (NCSS) and its affiliates. I agree and understand that this application signifies my consent to the administrator of the scheme, The Centre for Enabled Living Ltd (CEL), to obtain medical information from any doctor whom *** I have / my child / ward** has consulted and I authorise the doctor to release such information to the administrator.

I am aware that CEL has the right to revoke *** my / my child / ward 's** taxi subsidy privileges that was given to *** me / my child / ward**, if I have provided inaccurate information, refused to abide by the rules and regulations set by CEL for the subsidy, or found to be abusing the subsidy.

Name of * Applicant / Parent / Guardian NRIC/BC No Signature/Thumbprint of * Applicant /Parent /Guardian Date

(* Please delete as appropriate)



'LTA CARES' FUND MEDICAL REPORT

MEDICAL ASSESSMENT (To be completed by Consultant Physician / Occupational Therapist / Physiotherapist ONLY)

Name of Applicant: _____ (Mr / Ms / Mdm) Identification No: _____

Does the applicant need a **mobility aid when travelling outdoors**? Yes NO

If "YES", please tick the applicant's **MAIN MODE** (please select one only) of mobility aid used :

Wheelchair : Motorized / Manual / Reclining Rollator Crutches Callipers Walking Frame
(delete accordingly)

Others (Please specify) : _____

Does the applicant have a **physical disability**? YES NO

If "YES", please tick the type of physical disability:

Cerebral Palsy Loss/Deformity of limbs Quadraplegic Others _____
 Spina Bifida Osteogenesis Imperfecta Paraplegia _____
 Poliomyelitis Muscular Dystrophy Tetraplegia _____

Nature of disability : Permanent disability Temporary disability _____

(**INDICATE** recovery period eg 6 months)

I certify that the applicant (please tick as appropriate) :

Is capable of travelling by bus or MRT

Is totally dependent on taxis for transportation

is solely dependent on wheelchair accessible taxis, such as Maxi-Cab or London Cab

CONFIRMATION OF ASSESSMENT BY CONSULTANT PHYSICIAN / OCCUPATIONAL THERAPIST / PHYSIOTHERAPIST

I confirm that the assessment and certification done for the above applicant is true and correct. I am aware that the assessment and certification for this application will serve as a reference only. The Centre of Enabled Living (CEL) reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.

Name and Signature of
Consultant Physician /
Occupational Therapist /
Physiotherapist

Assessment Date

Hospital / Clinic Stamp

Telephone / Fax Nos

****Assessing Doctor must sign against any amendment made on this form. If not, it will be deemed as "Incomplete".**

To: 'LTA Cares' Fund
The Centre for Enabled Living
No 7 Maxwell Road #05-08
Annexe B MND Complex
Singapore 069111

EMPLOYER'S VERIFICATION

Name of Company : _____

Address of Company : _____

Name of Employee : _____

NRIC No : _____

Start date of employment : _____

Nett monthly salary : _____
(Gross salary less employee's CPF contribution)

Occupation : _____

Working schedule : _____
(eg Mon to Fri - 5 day's week)

On behalf of the Company, I certify that the above information provided are true and that the employee mentioned above *** is still in the service of our Company / has been offered a position in our Company.**

Name/Designation of Supervisor

Company's Stamp

Signature / Date

Office Tel no / HP no

(* Please delete as appropriate)

To: 'LTA Cares' Fund
The Centre for Enabled Living
No 7 Maxwell Road #05-08
Annexe B MND Complex
Singapore 069111

STUDENT STATUS VERIFICATION

Name of School : _____
Address of School : _____
Name of Student : _____
NRIC or BC No : _____
Start date of enrolment : _____
Level : _____
(eg Primary, Secondary, JC, Polytechnic, ITE, Tertiary)

On behalf of the School, I certify that the above information provided are true and that the student mentioned above *** is still enrolled / has been offered enrolment in our School.**

Name of Principal

School's Stamp

Signature / Date

Office Tel no / HP no

(* Please delete as appropriate)

To: 'LTA Cares' Fund
The Centre for Enabled Living
No 7 Maxwell Road #05-08
Annexe B MND Complex
Singapore 069111

INCOME DECLARATION

Name : _____
NRIC /Passport No : _____
Employment Status : Employed / Unemployed
(please delete as appropriate)

If employed, please state

Occupation : _____
Nett monthly income : _____

I declare to the best of my knowledge that the above particulars furnished by me are true and correct. If any information is found to be false, CEL reserves the right to recover any monies given out based on this self-declaration.

Signature

Date

Relationship to Applicant

Name of Applicant